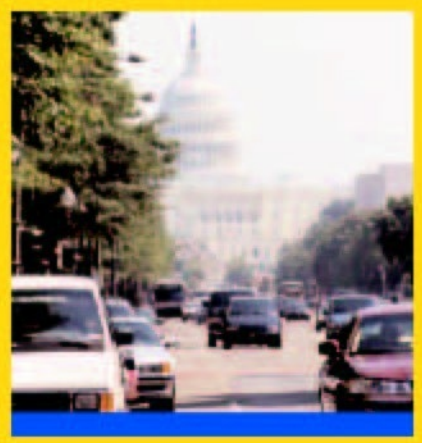
THE DISTRICT OF COLUMBIA

HEALTHY PEOPLE 2010

Biennial Implementation Plan

Year 2003-2005

PROGRESS REPORT



Government of the
District of Columbia
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D.C. Department of Health
Dr. Gregg A. Pane, Director

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HEALTHY PEOPLE 2010

BIENNIAL IMPLEMENATION PLAN

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District of Columbia Department of Health
Gregg A. Pane, Director

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HEALTHY PEOPLE 2010 PRIORITY AREAS

*Section to include when adopted by dental health care providers treating local children.

INTRODUCTION

This Progress Report (PR) is a companion document to the DC Healthy People 2010 Biennial Implementation Plan (BIP). The BIP is a two-year version of the Annual Implementation Plan (AIP) developed as the second in a series of short-term plans designed to test objectives and strategies in attaining the goals presented in the Healthy People 2010 Plan. The AIP was foreseen as an opportunity for professionals and the lay public to join DOH program planners in tracking the progress of proposed strategies in attaining the interim targets that serve as benchmarks for the timely attainment of the 2010 goals

This BIP PR presents progress made during the implementation period of 2003 – 2005 in attaining the stated December 2004 target. This document is a tabulation of the responses from program liaisons in each of the twenty focus areas represented in the BIP to a set of questions related to the attaining of the December 2004 target as proposed in the BIP.

Trend data for incidence and mortality rates of chronic diseases are presented as background information, where available. Additional trend data may be available upon request of the 2010 program liaisons or statisticians assigned to each focus area program.

Among the focus areas attaining their December targets are the following:

- Nutrition and Overweight: Increased percentage of WIC clients who breastfeed;
- Tobacco Use: Successful anti-smoking educational campaigns targeting residents and restaurant owners;
- Environmental Health and Food Safety: Adoption and implementation of the 1999 National Food Codes for Institutional food operations;
- Primary Care: One additional dental care services area and one mental health services area added, and the number of National Health Service Corps sites increased, as well as healthcare provider placements;
- Emergency Medical Services: An Enforcement Division within the Emergency Health and Medical Services Administration has been established, as well as a functioning Do Not Resuscitate Registry;
- Health Care Finance: 95 percent of all TANF-related enrollees have a specified source of ongoing primary care (i.e., a medical home) and a coordinated behavioral health system of care for clients having either a mental health or substance abuse diagnosis or both: and
- Public Health Infrastructure: 90 percent of DOH agencies provide onsite access to data via electronic systems and online information systems such as the internet, and a DOH Intranet was 50 percent complete by end of 2004.

For additional information on the Focus Area Programs, objectives and strategies in the 2003-2005 BIP which are online at the DOH website (www.dchealth.dc.gov), please contact the 2010 program liaisons or the program coordinator who can be reached at (202) 442-9039.

PROMOTE HEALTHY BEHAVIORS

1. NUTRITION AND OVERWEIGHT
2. TOBACCO USE

Focus Area: Nutrition

Overweight and Obesity are leading health indicators**.**

1) **2010 Goal 1-1:** The proportion of infants and children up to five years of age in the Women, Infants, and Children (WIC) Program with a hemoglobin of 11.5 gm/dl or less as registered at subsequent certification visits has been reduced by 2 percent.

Objective 1-1: Reduce by 2 percent the proportion of infants and children up to the age of five years in the Special Supplemental Nutrition Program for WIC registering hemoglobin of 11.1 gm/dl or less at subsequent certification visits.

Baseline 1-1: According to FY 2002 WIC participation data for the District of Columbia, the average percentage for low iron classification is 20.3 percent in children under the age of five years. There is a great deal of variation between race and ethnic groups; for instance, the prevalence of anemia in the Asian/Pacific Islander and Hispanic populations is 15.3 percent and 14.0 percent, respectively, while the rate of anemia for African American children is 22.4 percent. Over the last five years, the anemia rates have declined by 7 percent – a direct result of a comprehensive CDC Cooperative Agreement grant.

December 2004 Target: As of December 2004, the proportion of infants and children under five years of age registering low iron levels in the blood will be decreased by 2 percent from 22 to 20 percent.

Status:

1) *Will the December 2004 target be attained?* No.

According to the PedNSS 2003 summary report, the anemia rate for infants/children below the age of 5 years who are enrolled in the WIC program has increased rather than decreased by 0.6percent to 20.9 percent. The break out of this anemia rate by race/ethnicity is as follows:

Black, Not Hispanic: 24.1 percent
White, Not Hispanic: 14.5 percent
Asian/Pacific Islander: 13.8 percent
Hispanic: 12.2 percent
American Indian/Alaska Native: not reported.

While the anemia rate has slightly decreased within the Asian/Pacific Islander and Hispanic populations, it has increased by 1.7 percent in the Black or African American WIC pediatric community (from 22.4 percent to 24.1 percent).

2) *If the target is attained, by what margin?* Not applicable (N/A)

3) *Which strategies were most successful in target attainment?*

We switched to new HemoCue machines in all clinics earlier in this fiscal year. Though the machines are from the same manufacturer (HemoCue, Inc.) and use the same measuring technology, they now have a built-in quality control that was done manually before the switch and consequently subject to human error. Data collected with this new machine has not yet been evaluated (finding will be discussed in subsequent PedNSS summary reports). We are hoping that these new machines, by eliminating the human error, will better ensure the accuracy of the reported anemia rate and may have a positive influence on the reported rate itself.

4) *Which strategies were least successful?*

- All of the attention currently focused on childhood obesity may push iron deficiency anemia, though highly prevalent, "onto the backburner." This does not help us in our efforts to decrease the prevalence of iron defiance anemia, especially in the African American population.

- The presence of lead in the DC water in recent years may have an effect on the prevalence data of iron deficiency anemia, since both lead poisoning and iron-deficiency anemia can result in microcytic anemias.

5) *What significance does the attainment of the target have for the selection of? Your BIP 2005 -2006 objectives and strategies?*

This objective will have to be adjusted downward, since a 2 percent decrease in the anemia rate over one year seems impossible to be reach, especially in view of environmental and health prioritization issues.

6) *What objectives will be carried over into the Nutrition and Overweight Chapter of the 2005-2006 BIP?*

This objective, adjusted downward by 1 percent will be carried over in the 2005-2006 BIP. It will read as follows:

Objective 1-1: Reduce by 1 percent the proportion of infants and children up to the age of five years in the Special Supplemental Nutrition Program for WIC registering a hemoglobin value of 11.1 gm/dl or less at subsequent certification visits.

7) *Which new objectives will be introduced in the Nutrition and Overweight? Section of the next BIP?* None

2) **2010 Goal 1-2**: The rates for breastfeeding and the duration of breastfeeding among women enrolled in the WIC Program in the District of Columbia have been increased to 45 percent.

Objective 1-2: Increase to 45 percent the proportion of low-income residents enrolled in the Women, Infants and Children (WIC) program who breastfeed their babies in the early postpartum period and increase to at least 25 percent the proportion of women breast-feeding until their infants are six months old.

Baseline 1-2: According to 2002 data, currently 40 percent of women enrolled in WIC initiate breastfeeding; 21 percent continue the practice past six months postpartum (up to 12 months).

December 2004 Target: As of December 2004, 45 percent of clients will breastfeed their babies in the early postpartum period and at least 25 percent will continue until the baby has reached 6 months of age.

Status:

1) *Will the December 2004 target be attained*? Yes

According to the DC WIC FY 2004 collected breastfeeding data, the breastfeeding rate has increased to 46.7 percent. According to PedNSS 2003 data, 26.4 percent of all women have successfully breastfed their babies for at least 6 months.

2) *If the target is attained, by what margin?*

The target of a 45 percent breastfeeding rate has been surpassed by 1.7 percent which represents a 104 percent attainment rate and a more than 15 percent increase compared to the FY 2002 rate. There was a 5 percent overall rate increase in breastfeeding for at least 6 months which represents a more than 25 percent increase compared to last year's figure.

3) *Which strategies were most successful in target attainment?*

The DC WIC State Agency was very successful in securing funds specifically targeted to increasing the District's breastfeeding rates. The following breastfeeding related grant funds were obtained by the DC WIC State Agency for a total of $179,000:

FY 04: Original Loving Support grant (through 12/31/04)	$75,000
FY 05: Cooperative agreements:	
Amendment to Loving Support grant (effective 9/7/04-10/31/06)	$25,000
Breastfeeding Peer Counselor Grant (through 9/05)	$69,000
CDP Breastfeeding grants	$10,000

4) *Which strategies were least successful?* None

5) *What significance does the attainment of the target have for the selection of your BIP 2005-2006 objectives and strategies?*

Since the 2010 Goal is attained as FY 2003/2004 data indicate, the overall target will be changed to maintaining the breastfeeding rate at above 45 percent rather than further increasing it.

6) *What objectives will be carried over into the Nutrition and Overweight section of the 2005-2006 BIP?*

Objective 1-2: Maintain the proportion of low-income residents enrolled in the Women, Infants and Children (WIC) program who breastfeed their babies in the early postpartum period at 45 percent or more and at 25 percent or more the proportion of women breastfeeding until their infants are six months old.

7) *Which new objectives will be introduced in this section of the next BIP?* None

3) **2010 Goal 1-3.1:** Forty-five percent of WIC participants presenting for a second nutrition contact are taught about the benefits of physical activity and the benefits of good nutrition and regular exercise as life-long prevention disease prevention strategies. Lesson plans on these lifestyle concepts will be expanded in the currently existing "Healthy Eating" nutrition section of the core WIC Education Curriculum.

Objective 1-3.1: Reach 45 percent of WIC participants with lessons on the benefits of physical activity, the hazards of obesity, and the benefits of good nutrition and regular exercise as life-long disease prevention strategies that are a part of the WIC core curriculum.

Baseline 1-3.1: As of 2001, WIC participants are being taught about the "Right Weight" and "Exercising" as a part of the healthy eating core nutrition section, but as of yet no major core nutrition section has been dedicated to obesity, its long-term adverse effects on health and preventive strategies. Based on 2002 WIC reports, approximately 12.8 percent of all children between 2 and 5 years of age are documented as being at or above the 95th percentile in weight for height – which is slightly below the national average of 13.1 percent. The percentage of children at risk of being overweight is 13.5 percent.

December 2004 Target: As of December 2004, a chapter on obesity will be integrated into the healthy eating core nutrition category of the WIC core curriculum. Clients will be counseled on well-balanced diets and the need to maintain a healthy weight, benefits of being physically active and ways of increasing physical activity, as well as on a proper diet in variety and quantity.

Status:

1) *Will the December 2004 target be attained?* No

This target has not been reached, because the WIC Program was unable to fill the vacancy for a public health nutritionist whose main responsibility is to implement innovative nutrition education techniques and update existing nutrition education materials specifically on obesity related topics. Counseling on well-balanced diets and ways to increase physical activity are part of the regular counseling session, but not yet part of the anticipated formal obesity prevention module.

2) *If the target is attained, by what margin?*

The target was not attained due to staffing issues, though other projects were executed that addressed obesity in children, such as a special project grant at one of the WIC local agencies that focused on obesity in Hispanic children complete with behavioral change interventions.

3*) Which strategies were most successful in target attainment?*

Obesity is a big issue. A multi-pronged approach must be employed in order to address the epidemic of obesity effectively. It seems that projects that incorporate behavioral change elements are the most successful.

4) *Which strategies were least successful?* N/A

5) What significance does the attainment of the target have for the selection of your BIP 2005-2006 objectives and strategies?

We will continue to actively pursue the hiring of a State Agency nutritionist whose responsibility will be to implement innovative nutrition education techniques. The office is also actively pursuing an application for a multi-year cooperative agreement with FNS to conduct a program which will increase fruit and vegetable consumption among WIC clients, and which should reinforce healthy eating habits and consequently further “set the stage” for the attaining and maintain of a healthy weight.

6) *What objectives will be carried over into the 2005-2006 BIP?*

The same objectives will be carried over in the 2005-2006 BIP.

7) Which new objectives will be introduced in this section of the next BIP? None

4) **2010 Goal 1-3.2:** Ten percent of the Food Stamp Nutrition Education Plan target audience will attend an education session on physical activity, the hazards of obesity, and the benefits of good nutrition and regular exercise as a life-long prevention strategy.

Objective 1-3.2: Reach 10 percent of the Food Stamp Nutrition Education Plan target audience with an education session on physical activity, the hazards of obesity, and the benefits of good nutrition and regular exercise as a life-long disease prevention strategy.

Baseline 1-3.2: As of 2003, the Food Stamp Program participants were not included in the DOH/WIC Program. The Food Stamp Nutrition Education Plan has been developed for this audience.

December 2004 TARGET: As of December 2004, clients will be counseled on well-balanced diets, the need to maintain a healthy weight, benefits of being physically active and ways of increasing physical activity, as well as proper diet in variety and quantity.

Status:

1) *Will the December 2004 target be attained*? Yes

- The Food Stamp Nutrition Education Program (FSNEP) reached a total of 4,480 contacts in the target audience in FY 2004.

- The EAT SMART/MOVE MORE social marketing campaign made an estimated 14,000,000 impressions based on numbers provided by the DC FSNEP's advertising agency.

- FSNEP provided nutrition education on all four core elements: Dietary Quality, Resource Management, Food Security and Food Safely. However Dietary Quality was taught at more education sessions with the focus being on proper nutrition for weight management and disease prevention.

- Physical activity demonstrations were given in conjunction with nutrition education at Paramount Baptist Church, in FSNEP's six-week weight management classes, and in several other classes and workshops throughout the District. FSNEP also provided TAKE 10! (A physical activity curriculum) to 15 teachers at Park View Elementary School to use in their classrooms.

2) *If the target is attained, by what margin?* By a wide margin

The Food Stamp Nutrition Education Program reached a total of 4,480 contacts in the target audience in FY 2004.

3) *Which strategies were most successful in target attainment?*

The hiring of a FSNEP Coordinator was key. That occurred in the middle of the second quarter of FY 2004, so the majority of nutrition education sessions took place beginning in April of 2004.

4) *Which strategies were least successful?* N/A

5) What significance does the attainment of the target have for the selection of your BIP 2005-2006 objectives and strategies? N/A

6) *What objectives will be carried over into the Nutrition and Overweight section of the next BIP?*

This objective (1-3.2) will be carried over.

7) *Which new objectives will be introduced in this chapter of the next BIP?*

Objective 1-3.2 will be rephrased.

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Focus Area: Tobacco Use

Tobacco Use is a leading health indicator.

1) **2010 Goal 2-1:** No more than 18.5 percent of adults are current smokers.

Objective 2-1: Reduce to 18.5 percent the proportion of adults (18 years or older) who are current smokers.

Baseline 2-1: 20.9 percent of adults were current smokers in the District of Columbia in 2000 according to the Behavioral Risk Factor Surveillance Survey (BRFSS),

December 2004 Targets:

1) As of December 2004, 11,000 of the adult population will be reached through anti-smoking educational campaigns, and

2) As of December 2004, licensed restaurant owners in the District of Columbia will be reached through anti-smoking educational campaigns. and encouraged to go smoke-free.

Status:

1) *Will the December 2004 targets be attained?* Yes

By December 2004, 11,000 of the adult population were reached through anti-smoking educational campaigns.

2) *If the targets are attained, by what margin?*

Approximately 100 percent of the target was attained.

3) *Which strategies were most successful in target attainment?*

The strategies that were most successful in target attainment included cessation referrals/incentives, workshops/presentations, health fairs, ETS materials to businesses, no smoking signs to businesses and responses to telephone calls.

4) *Which strategies were the least successful?*

All strategies contributed to some extent to the success to the program. The strategies implemented appeared to have some type of impact on the community.

5) *What significance does the attainment of the target have for the selection of your BIP 2005-2006 objectives and strategies?*

The significance the attainment has for the selection of the BIP 2005-2006 objectives and strategies is to encourage the continuation and expansion of these activities with the increase in program staff.

6) *What objectives will be carried over for Tobacco in the next BIP?*

The same objective will be carried over into the next BIP.

7) *Which new objectives will be introduced in the next BIP?*

No new objectives will be introduced in the next BIP.

2) **2010 Goal 2-1.2:** No more than 15 percent of youth in the District of Columbia are current smokers.

Objective 2-1.2 Reduce to no more than 15 percent the proportion of youth (under 18 years of age) who are current smokers in the District of Columbia.

Baseline 2-1.2: Seventeen percent of youth in the District of Columbia were current smokers in 2000 (Youth Tobacco Survey).

December 2004 Target: As of December 2002, 4,000 of the youth population will be reached through educational anti-smoking campaigns, including workshops and youth-led activities.

Status:

1) *Will the December 2004 target be attained?* No

2) *If the target is attained, by what margin?*

Approximately 50 percent of the target was attained.

3) *Which strategies were most successful in target attainment?*

The strategies that were most successful included educational workshops and youth-led activities.

4) *Which strategies were least successful?*

Both strategies were effective, as well as successful in the youth population.

5) *What significance does the attainment of the target have for the selection of your BIP 2005-2006 objectives and strategies?*

The significance that the attainment of the target has for the selection of the 2005-2006 objectives and strategies is that the activities will be expanded with expanded program staff.

6) *What objectives will be carried over into the next BIP?*

The same objective will be carried over in the next BIP.

7) *Which new objectives will be introduced in the next BIP?*

No new objectives will be introduced in the next BIP.

PROMOTE HEALTHY AND SAFE COMMUNITIES

3. ENVIRONMENTAL HEALTH AND FOOD SAFETY
4. INJURY/ VIOLENCE PREVENTION
5. PEDIATRIC DENTAL HEALTH (foreseen for the next BIP)

Focus Area: Environmental Health and Food Safety

Environmental Quality is a leading health indicator.

1) **2010 Goal 3-5**: 2,000 units in the District of Columbia have been tested for lead-based paint.

Objective 3-5: Perform testing for lead-based paint in 2,000 homes in the District of Columbia. Testing is dependent upon whether or not a child within the unit has been identified as having elevated blood lead levels or if the property owner requests abatement work to be done.*

Baseline 3-5: In the District, 1,150 housing units were tested between 1991 and 1996.

*The Department of Housing and Community Development also inspects homes for lead through the US Department of Housing and Urban Development's Healthy Homes program.

December 2004 Target: As of December 2004, there will be 600 units tested for lead-based paint.

Status: This objective was dropped in 2004.

This objective was dropped, because it does not accurately capture the services currently provided by the Department of Health (DOH). DOH currently performs testing in homes where a child has been identified as having an elevated blood lead level; and pursuant to a November 2004 Memorandum of Understanding, DOH has recently begun to perform testing pursuant to referrals from the Department of Consumer and Regulatory Affairs (DCRA), where the home has peeling paint and a child under the age of eight resides or frequently visits. The Department of Housing and Community Development (DHCD) and the DC Housing Authority also have programs through which housing units are tested for lead-based paint. It is likely that through the efforts of all four agencies, the Healthy People 2010 targets have already been met or exceeded. For example, through the cooperative efforts of DOH and DHCD in FY03 and FY04, DHCD had financed approximately 1,963 units of housing with lead safe requirements. DOH and DHCD are currently collaborating on projects that will result in the abatement of lead hazards in 400 units, and the inspection and risk assessment of an additional 2,000 units, which will undergo hazard control and/or abatement, if required.

2) **2010 Goal 3-12**: At least 80 percent of pharmacies dispensing prescription medications in the District use linked systems to provide alerts to potential drug reactions from medications dispensed by a different source to individual patients.

Objective 3-12: Increase to at least 80 percent the proportion of pharmacies dispensing prescription medications that use linked systems to provide alerts to potential adverse drug reactions from medications dispensed by a different source to individual patients.

Baseline 3-12: In 1993, nationally 95 percent of pharmacies utilized linked computers. Within the District of Columbia, as of 2000 75 percent of pharmacies utilized linked computers.

December 2004 Target: By December 2004, there will be an 8 percent increase in the percentage of pharmacies utilizing linked computer systems.

Status: This objective was dropped in 2003-2004.

This objective was dropped, because it was imprecise and difficult to enforce. Furthermore, the Pharmacy Division moved to another administration that is not participating in the DC Healthy People 2010 Plan and initiatives.

3) **2010 Goal 3-11:** The District has adopted and implemented the 1999 National Food Codes for institutional food operations and the new uniform food protection code for regulation of all District food operations.

Objective 3-11: Adopt and implement the 1999 National Food Code for institutional food operations and the new uniform food protection code that sets recommended standards for regulation of all District food operations.

Baseline 3-11: in November 2002, the Council of the District of Columbia passed the new food regulations, adopting the 1999 US National Food Code.

December 2004 Target: By December 2004, 2,500 informational flyers will have been distributed and seven community meetings attended.

Status:

The 1999 Food Code was adopted in the District in 2003 and implementation is in progress.

Focus Area: Injury and Violence

Injury and violence are linked as a leading health indicator.

1) **2010 Goal: 4-6.1:** An Injury Trauma Registry has been established at the Department of Health (DOH) to which data on injury cases from hospital emergency rooms, trauma centers, and ambulatory clinics are reported on a regular basis.

Objective 4-6.1: Establish an Injury Trauma Registry at the Department of Health (DOH) to which data on injury cases seen at hospital emergency rooms, trauma centers and ambulatory clinics are reported on a regular basis.

Baseline 4-6.1: As of July, 2001, there is no Injury Trauma Registry at DOH to which data are reported on a regular basis. Baseline data regarding the steps leading to the establishment of the Registry are to be added.

December 2004 Target: As of December 2004, the process of establishing an Injury Trauma Registry at the DOH is 85 percent complete. This percentage takes into consideration the time required for the legislative processing by the DOH Office of the Legal Counsel and the City Council. Also, consideration is given to the timeline for establishing Memorandums of Agreement between the healthcare facilities, subordinate agencies and the DOH.

Status:

1) *Will the December 2004 target be attained?* No

The target will not be attained. The process for establishing the Trauma-Injury Registry has begun. Discussions have taken place with four level-one trauma centers in the District, and an application has been submitted to the Health Resources Services Administration to further advance the development of the registry during 2005.

2) *If it will be attained, by what margin?*

Approximately 85 percent of the preliminary activities in preparation for the establishment of the registry have been completed.

3) *Which strategies were the most successful in target attainment?*

Even though the target was not attained, the Trauma Centers collaborated on the development of a universal template for a Memorandum of Understanding (MOU) that includes not only to the four Trauma Centers, but also to the DC Fire and Emergency Medical Services. Also consensus

was established among the trauma centers on the type of injury registry software to be purchased for the Trauma Registry.

4) *Which strategies were the least successful?*

Due to changes in the administration of the DOH, it has been difficult to obtain funding for the implementation of a Trauma-Injury Registry. Because of the numerous administrative changes within DOH, the Injury Bill for 2004 will have to be updated and resubmitted to the DC City Council for consideration and approval.

5) *What significance does the attainment of this target have for the selection of your BIP 2005-2006 objectives and strategies?* N/A

6) *What objectives will be carried over into the next BIP?*

The 2010 Objective will remain the same.

7) *Which new objectives will be introduced in the next BIP?*

No new objective will be added.

2) **2010 Goal 4-6.2**: Ninety percent of hospital emergency rooms, trauma centers, and ambulatory clinics in the District of Columbia report data on injury cases seen on-site to the DOH Injury Registry in compliance with the regulations.

Objective 4-6.2: Increase to 90 percent the proportion of emergency rooms, trauma centers, and ambulatory clinics reporting data on intentional and unintentional injuries to residents seen to the DOH Injury Registry in compliance with the regulations.

Baseline: 4-6.2: Baseline data to be determined. All level one trauma centers (of which there are three) have registries that collect data on the external causes of injury, but are not mandated to report this information to the DOH. The number of treatment sites voluntarily reporting data to the DOH on intentional and unintentional injuries seen on-site can be considered as a baseline to which more sites can be added after reporting becomes mandatory.

December 2004 Target: By December 2004, 85 percent of the injury treatment sites report data to the DOH Injury Registry by one of the following two mechanisms: 1) as mandated by the enactment of the “Injury Reporting Bill” or 2) voluntarily through Memoranda of Agreements stating their commitment to participate in the reporting.

Status:

1) *Will the December 2004 target be attained?* No

A Memorandum of Understanding (MOU) with the four trauma centers has been drafted and is ready for signature. The Division of Injury and Disability Epidemiology (DIDE) is collaborating with the Division of Disease Surveillance in modifying the current MOUs with the area hospital emergency rooms to obtain injury data.

2) *If the target is attained, by what margin?*

Currently the attainment margin is at 50 percent. Once the MOUs have been finalized and signage obtained, the program should meet its target of 90 percent.

3) *Which strategies were most successful in target attainment?*

The DIDE has worked very closely with the EHMS Trauma Subcommittee in identifying a trauma registry software package that will be compatible with what the area trauma centers are currently utilizing. A lot of time has been devoted to identifying those variables that will be collected once the Trauma-Injury Registry is established.

4) *Which strategies were least successful?*

The identification of appropriate dollars for establishing the Trauma-Injury Registry was the least successful strategy.

5) *What significance does the attainment of the target have for the selection of your BIP 2005-2006 objectives and strategies?*

The DIDE will continue its efforts to meet its projected goals and objectives.

6) *What objectives will be carried over into the next BIP?*

All objectives will be carried over.

7) Which new objectives will be introduced in the next BIP?

DIDE will not be introducing any new objectives for FY 2005-2006.

IMPROVE ACCESS TO QUALITY HEALTH CARE SERVICES

6. PRIMARY CARE
7. EMERGENCY MEDICAL SERVICES
8. HEALTH CARE FINANCE
9. MATERNAL, INFANT AND CHILD HEALTH AND FAMILY PLANNING
10. PUBLIC HEALTH INFRASTRUCTURE

Focus Area: Primary Care

Access to health care is a leading health indicator.

1) **2010 Goal 6-3**: Access to care has been increased by increasing the number of designated Health Professional Shortage Areas for primary, dental and mental health care in the District of Columbia from 9 to 20.

Objective 6-3: Increase access to care by increasing the number of Health Professional Shortage Areas (HPSA) in the area of primary, dental and mental health care in the District of Columbia from 9 to 20.

Baseline 6-3: In 2001 in the District of Columbia, there were 4 service areas, two (2) population groups and 1 facility designed for primary medical care. There is one (1) population group for dental health care and 1 service area for mental health care.

December 2002 Target: As of December 2004, 1 additional dental care services area and 1 mental health services area will be established.

Status:

1) *Will the December 2004 target be attained?* Yes

2) *If the target is attained, by what margin?)*

50 percent - mental health facility designation

3) *Which strategies were most successful in target attainment?*

Working with HRSA and other partners

4) *Which strategies were least successful?* N/A

5) *What significance does the attainment of the target have for the selection of your BIP 2005-2006 objectives and strategies?*

This objective is critical to successfully increasing access and has to remain as a key objective for the program

6) *What objectives will be carried over into the next BIP?*

The same objective will be utilized for the next reporting period.

7) Which new objectives will be introduced in the next BIP?

An objective may be introduced that addresses the retention of health professionals in Health Professional Shortage Areas and Medically Underserved Areas after their commitment period.

2) **2010 Goal 6.1:** Access to care for the District of Columbia's uninsured and underserved populations has been improved, due to the increase in the number of National Health Service Corps. (NHSC) sites from 14 to 25 and healthcare provider placements from 15 to 55.

Objective 6-1: Improve access to care and improve quality of care for the uninsured and underinsured populations in the District of Columbia by increasing the number of National Health Service Corps. (NHSC) sites from 14 to 25 and healthcare provider placements from 15 to 55.

Baseline 6-1: As of 2002, there were 14 designated NHSC sites and 15 NHSC healthcare providers placed in the District of Columbia

December 2004 Target: By December 2004, 2 new NHSC sites will be recommended and 5 NHSC healthcare providers will be placed in the District.

Status:

1) *Will the December 2002 target be attained?* Yes

2) *If the target is attained, by what margin?* 100 percent

Two (2) new sites were approved, 9 NHSC placements.

3) *Which strategies were most successful in target attainment?*

Working with both HRSA and applicants to ensure that program requirements were met

4) *Which strategies were least successful?* *N/A*

5) *What significance does the attainment of the target have for the selection of your BIP 2005-2006 objectives and strategies?*

This is a critical component of increasing access to care and has to remain as a key objective.

6) *Which objectives will be carried over in the next BIP?* The same two .

Focus Area: Emergency Medical Services

1) **2010 Goal 7-2.3:** An Injury Trauma Registry has been established and implemented at the Department of Health (DOH).

Objective 7-2.3: In collaboration with the DOH Injury Program, establish a District of Columbia Trauma Registry that captures all relevant data on utilization, levels of uncompensated trauma care, and indicators of the quality of trauma care.

Baseline 7-2.3: As of July 2001, there was no Trauma Registry at DOH to which data were reported on a regular basis. The Trauma Registry probably will not be established at DOH before 2004.

Note: Before a Trauma Registry can be established, a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis of the trauma system should be conducted. The SWOT analysis will serve to identify the data the DOH needs to collect from the trauma centers, Medical Examiners Office and the EMS Bureau.

December 2004 Target: As of December 2004, the SWOT analysis will have been completed.

Status:

1) *Will the December 2004 target be attained?* Yes

The SWOT analysis has been completed.

2*) If the target is attained, by what margin?*

The margin is 100 percent.

3) *Which strategies were most successful in target attainment?*

We had a HRSA grant for developing the Trauma Registry which funded the completion of the SWOT analysis.

4) *Which strategies were least successful?* N/A

5) *What significance does the attainment of the target have for the selection of your BIP 2005-2006 objectives and strategies?*

We will be focusing on obtaining the Trauma Injury Registry.

6) *What objectives will be carried over into the next BIP?*

*O*bjective 7-2.3 will be carried over.

7) *Which new objectives will be introduced in the next BIP?*

Currently no new objectives will be added.

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2) **2010 Goal 7-6:** An Enforcement Division has been fully staffed and is in place in the DOH EHMSA.

Objective 7-6: Establish an Enforcement Division within the DOH EHMSA to ensure compliance with the DOH specified EHMSA rules and regulations.

Baseline 7-6: In 2002, an Enforcement Division was established at EHMSA. The new division is "up and running" and has been staffed since January or February of 2003.

December 2004 Target: By December 2004, the Manual of Procedures has been developed and implemented.

Status:

1) *Will the December 2004 target be attained?* Yes

2) *If the target is attained, by what margin?* 100 percent

3) *Which strategies were most successful in target attainment?*

Having the appropriate funding available for hiring and recruitment to properly staff the division.

4) *Which strategies were least successful?* N/A

5) *What significance does the attainment of the target have for the selection of your BIP 2005-2006 objectives and strategies?*

None

6) *What objectives will be carried over into the next BIP?*

The objectives will remain the same.

7) *Which new objectives will be introduced in the next BIP?*

There are no new objectives.

3) **2010 Goal 7-8:** A DNR Registry has been established at the DOH EHMSA.

Objective 7-8: Establish a Do Not Resuscitate (DNR) Registry at the DOH EHMSA.

Baseline 7-8: As of April of 2003, a DNR Registry had not yet been established.

December 2004 Target: By December 2004, the DNR Registry is "up and running" and staffed.

Status:

1) *Will the December 2004 target be attained?* Yes

The DNR Registry has been established.

2) *If the target is attained, by what margin?* 100 percent

3) *Which strategies were most successful in target attainment?*

Collaboration with stakeholders was the most successful.

4) *Which strategies were least successful?* N/A

5) *What significance does the attainment of the target have for the selection of your BIP 2005-2006 objectives and strategies?*

None

6) *What objectives will be carried over into the next BIP?*

The objective will remain the same.

7) *Which new objectives will be introduced in the next BIP?*

There are no new objectives.

Focus Area: Health Care Finance

1) **2010 Goal 8-3:** Comprehensive Data Reporting System will be established that will yield accurate, timely data for Health Care Financing decision-making.

Objective 8-3: Establish a comprehensive data reporting system to monitor the utilization of services and quality outcomes by contracted health plan, enrolled populations and provider types.

Baseline 8-3: (Developmental) The Medicaid Management Information System (MMIS) is currently the primary production system for the Medicaid program. Although this greatly improves the operation of the claims payment and related production systems, there is also no current, separate analytical system for analyzing the data from the current MMIS. A needed additional component is a separate analytic engine that will take periodic production system data and allow analyses that will improve the management and policy development functions of the agency

Note: The MAA is collaborating with the State Center for Health Statistics Administration on the development of an expanded Medicaid Data Warehouse concept for decision support in MAA.

December 2004 Target: As of December 2004, there will be established a fully-functioning, transferred and updated MMIS with a separate Data Warehouse for analyses.

Status:

1) *Will the December 2004 target be attained?* No

However, much progress has been made.

- The updating of the original MMIS has been completed. It was replaced with a "systems transfer."

- A separate Data Warehouse needs assessment has been completed. We are currently seeking a writer for the RFP for the establishment of the Data Warehouse.

2) *If the target is attained, by what margin?*

Attainment was 65-70 percent.

3) *Which strategies were most successful in target attainment?*

Cooperation with the federal government for the initial approval of the advanced planning document was key to facilitating the acquisition of the new MMIS.

The needs assessment for the Data Warehouse provided valuable information on the department-wide needs for a Data Warehouse.

4) *Which strategies were least successful?* N/A

5) *What significance does the attainment of the target have for the selection of your BIP 2005-2006 objectives and strategies?*

Attaining this objective serves to facilitate monitoring and claims adjustment.

6) *What objectives will be carried over into the next BIP?*

This objective will be carried over.

7) *Which new objectives will be introduced in the next BIP?* None planned.

2) **2010 goal 8-4:** Temporary Assistance to Needy Families (TANF)-related enrollees have a specified source for ongoing primary care.

Objective 8-4: Increase to 95 percent the proportion of all TANF-related enrollees who have a specified source on ongoing primary care (i.e., a medical/health home).

Baseline 8-4: In 1998 there were approximately 87 percent of all TANF enrollees who had a specified source of on-going primary care (e.g., being enrolled in one of the MAA-contracted managed care organizations (MCOs).

This goal (8-4) was met in 2002.

3) **2010 goal 8-7:** Medicaid eligible persons will have access to comprehensive behavioral health services (i.e., mental health and substance abuse services).

Objective 8-7: Collaborate in the creation of an integrated services delivery system which assures that Medicaid eligible persons have access to comprehensive behavioral health services, including mental health and substance abuse services.

Baseline 8-7: (Developmental) There was not an integrated system of care for both mental health and substance abuse services as of 2003. MAA has previously implemented Mental Health Rehabilitation Option Services and has submitted a State Plan Amendment for Substance Abuse Rehabilitation Option Services in the summer of 2003. These two services will provide a platform for a behavioral health system for Medicaid recipients where services will be coordinated between Medicaid managed care and the fee-for-service system.

December 2004 Target: As of December 2004, MAA will have participated in the development of a coordinated behavioral health system of care that includes services provided across MCOs, DMH providers, and APRA providers for Medicaid recipients having either a mental health or a substance abuse diagnosis or both (dually diagnosed).

Status:

1) *Will the December 2004 target be attained?* Yes, partly attained

- The mental health aspects have been attained. There now exists the Mental Health Rehab Option Services provided to Medicaid recipients.
- The substance abuse section is still being worked on,

2) *If the target is attained, by what margin?*

50 percent - just the mental health component of the services were attained.

3) *Which strategies were most successful in target attainment?*

Working closely with DMH was key to the success of obtaining the mental health services.

4) *Which strategies were least successful?* N/A

5) *What significance does the attainment of the target have for the selection of your BIP 2005-2006 objectives and strategies?*

We are looking to get APRA on board to provide Medicaid services to the dually diagnosed.

6) *What objectives will be carried over into the next BIP?*

To be determined

7) Which new objectives will be introduced in the next BIP?

To be determined

Focus Area: Maternal, Infant and Child Health and Family Planning

Responsible sexual behavior is a leading health indicator.

Trend Data: Infant Mortality rates per 1,000 in the District of Columbia

1998	1999	2000	2001	2002
12.5	15.0	11.9	10.6	11.5

1) **2010 Goal 9-1:** The infant mortality rate has been reduced to no more than 8 per 1,000 live births.

Objective 9-1: Reduce the infant mortality rate to no more than 8 deaths per 1,000 live births.

Baseline 9-1: The infant mortality rate was 10.6 per 1,000 in 2001.

December 2004 Target: As of December 2004, the infant mortality rate will have been decreased from 10.6 in 2001 to 10.0 per 1,000 births (in 2003, since available data are one year behind the calendar year).

Status:

1) *Will the December 2004 target be attained?*

   Currently we are unable to provide an answer for this question. 2003 mortality data have not yet been released. The most recent available data are for 2002 in which the infant mortality rate was 11.5 per 1,000 live births.

2) *If the target is attained, by what margin?* N/A

3) *Which strategies were most successful in target attainment?*

   In 2003, the Maternal and Family Health Administration began introducing the concept of Perinatal Periods of Risk Model to further analyze infant mortality and to determine the causal factors. An analysis of the 2002 data revealed the need to focus on preconceptional, interconceptional, and maternity care, in order to reduce infant mortality in the District. As a result, the Administration's home visiting programs have focused on improving the status of program participants' preconceptional and interconceptional health. The Administration was also instrumental in expanding the city's Infant Mortality Review (IMR) process to include the use of Community Action Teams (CAT), consisting of community-based providers, advocates, consumers, and residents to implement recommendations from the IMR Committee. In addition, the Administration implemented two Memorandums or Understanding with two key agencies: Addiction, Prevention and Recovery

Administration and Child and Family Services Administration for the provision of case management for high-risk pregnant and parenting women.

4) Which strategies were least successful? N/A

5) *What significance does the attainment of the target have for the selection of your BIP 2005-2006 objectives and strategies?*

6) *What objectives will be carried over into the next BIP?*

Objective 9-1 will be carried over into the next BIP.

7) *Which new objectives will be introduced in the next BIP?*

No new objectives will be introduced in the next BIP.

2) **2010 Goal 9-6**: The proportion of all pregnant women who begin prenatal care in the first trimester is increased to 80 percent.

Objective 9-6: Increase to at least 80 percent the proportion of all pregnant women who began prenatal care in the first trimester of pregnancy.

Baseline 9-6: In 2001, 74.4 percent of all District resident births were to women who began prenatal care in the first trimester.

December 2004 Target: As of December 2004, 75 percent of all District of Columbia resident births are to women who began prenatal care in the first trimester.

Status:

1) Will the December 2002 target be attained?

Currently we are unable to provide an answer for this question. 2003 infant mortality data have not been released. The most recent available data are for 2002 in which the percent for entry into prenatal care was 76 percent.

2) *If the target is attained, by what margin?* N/A

3) *Which strategies were most successful in target attainment?*

While the 2003 data may not be available to address this question, the MCF Administration will continue its aggressive campaign to identify women who are pregnant early in their pregnancy and encourage entry

into prenatal care. This includes working with the Medical Assistance Administration (MAA) and other providers to alleviate service access issues for pregnant women.

4) *Which strategies were least successful*? *N/A*

5) *What significance does the attainment of the target have for the selection of your BIP 2005-2006 objectives and strategies?* N/A

6) *What objectives will be carried over into the next BIP?*

Objective 9-6 will be carried over into the next BIP.

7) *Which new objectives will be introduced in the next BIP?*

No new objectives will be introduced in the next BIP.

Focus Area: Public Health Infrastructure

1) **2010 Goal 10-3:** Data are accessible at the SCHSA on all of the population groups residing in the District of Columbia.

Objective 10-3: Develop data on all (100 percent) racial/ethnic population groups residing in the District (Black, white, Hispanic/Latino, Asian American/Pacific Islander, American Indian/Alaska Native).

Baseline 10-3: As of April 2001, data on three broad racial population groups (black, white, other) residing in the District of Columbia are available in reports routinely produced by the SCHSA.

December 2004 Target: As of December 2004, baseline data on the health status of resident Hispanics/Latinos will be on file at the SCHSA.

Status:

1) *Will the December 2004 target be attained?*

Yes, the baseline data on the resident Hispanic community have been collected in a randomized household survey conducted in the Latino Health Care Collaborative, a pilot study developed by a team of researchers from the SCHSA in partnership with the George Washington University Center for Global Health (GWUCGH) and the Council of Latino Agencies, the lead agency in a CMS funded two-year project.

2) *If the target is attained, by what margin?*

Analysis of the baseline data is in process. But the survey data from Modules I, II, and III have been entered. The data from Module I have been weighted and are being analyzed at the SCHSA in collaboration with the GWUSCGH..

3) *Which strategies were most successful in target attainment?*

Community partnered research is the best strategy to recruit and train data collectors from the community and conduct the household survey with the support of the community.

4) *Which strategies were least successful?*

The Technical Advisory Board was less helpful than expected.

5) *What significance does the attainment of the target have for the selection of your AIP 2005-2006 objectives and strategies?*

The routine inclusion of birth and death data from all of the resident population groups is the first step in building a minority health database for the District. To monitor health disparities, all resident population groups and selected population subgroups will be included for tracking purposes.

6) *What objectives will be carried over into the next BIP?*

The same objective will be pursued, with a new target population, the resident community of American Asian/Pacific Islanders.

7) *Which new objectives will be introduced in the next BIP?* None

2) **2010 Goal 10-1.1**: 90 percent of DOH agencies provide onsite access to data via electronic systems and online information systems.

Objective 10-1.1: Increase to 90 percent the proportion of DOH agencies that provide onsite access to data via electronic systems and online information systems such as the internet.

Baseline 10-1.1: Zero in 1997. DOH agencies had no access to the internet at that time. By 2001, this goal had been met. All of the major sites at DOH – around 1200 employees – are connected via electronic systems and online information systems and have internet access.

December 2004 Target: For this objective, the target has already been attained.

Status: As of July 2001, 100 percent of DOH agencies have onsite access to data via electronic systems and online information systems.

3) 2010 Goal 10-1.2: DOH has a departmental intranet.

Objective 10-1.2: Develop and implement a departmental intranet for the DOH.

Baseline 10-1.2: Components of the departmental intranet for DOH were 10% complete in 2001.

December 2002 Target: As of December 2004, work on the DOH intranet will be 50 percent complete.

Status: *Awaiting report*

1) *Will the December 2004 target be attained?* Yes

2) *If the target is attained, by what margin? (100%, 75%??)* 100 percent

3) *Which strategies were most successful in target attainment?*

Securing budgetary funding and prioritization resulting from realignment in the IT function and elevation of the function to the Director's Office was key.

4) *Which strategies were least successful?* None

5) *What significance does the attainment of the target have for the selection of your AIP 2005-2006 objectives and strategies?*

We will attempt to provide greater and better access to more of our user community with the attainment of this goal and objective.

6) *What objectives will be carried over into the next BIP?*

The same objective will be carried over with a greater emphasis on expansion.

7) *Which new objectives will be introduced in the next BIP?*

Expand the percentage to include an additional 20 percent of the user base.

4) **Goal 10-1.3** Wireless communication capability is in place for Bioterrorism preparedness and other communications requirements.

Objective 10-1.3: Implement wireless communication capability for Bioterrorism preparedness and other communications requirements.

Baseline 10-1.3: The process was begun in 1997, and about 40 percent of the planned components had been installed by 2003.

December 2004 Target: As of December 2004, 50 percent of the work has been completed.

Status:

1) *Will the December 2004 target be attained?* Yes

2) *If the target is attained, by what margin? (100%, 75%??)* 100%

3) *Which strategies were most successful in target attainment?*

Securing adequate funding and approvals from Homeland Security and within the District's Citywide IT procurement process.

4) *Which strategies were least successful?* None

5) *What significance does the attainment of the target have for the selection of your BIP 2005-2006 objectives and strategies?*

We will attempt to provide greater and better access to more of our user community with the attainment of this goal and objective to include Wide Area wireless interconnectivity of facilities based on a DOH IT Business Continuity Plan.

6) *What objectives will be carried over into the next BIP?*

The same objective will be carried over with a greater emphasis on expansion.

7) *Which new objectives will be introduced in the next BIP?*

Expand the objective to include wireless capabilities between at least 20 percent of the BT related DOH facilities.

5) **Goal 10-5**: Use of geocoding in all DOH data systems to promote the development of Geographic Information Systems (GIS) capabilities has been increased to 50 percent.

Objective 10-5: Increase to 50 percent the use of geocoding in all DOH data systems to promote the development of Geographic Information Systems (GIS) capabilities.

Baseline 10-5: About 10 percent of DOH agencies were using GIS in 1997.

This objective did not appear in the 2002 AIP. Consequently, the AIP 2002 information is presented before answers to questions in the Progress Report .

December 2004 Target: By December 2004, The first year of the GIS Phase I Implementation Plan will be completed with the intended completion of the building of GEO-Health Portal and the designing of the Geo-database Model. Phase I hardware and software will be acquired and installed. The supporting committees and organizational support structure should be in place.

Status: As of 2004, no work has been done on the GIS project at the SCHSA. It may be resumed with new staff at some time.

PREVENT AND REDUCE DISEASES AND DISORDERS

Focus Area: Asthma

Trend Data: Age-adjusted Asthma Mortality Rates in the District per 100,000 population

1997	1998	1999	2000	2001	2002
2.8	3.8	2.1	1.74	1.57	1.76

1) **2010 Goal 11-1:** Asthma death rate is reduced to no more than 1.5 per 100,000 people.

Objective 11-1: Reduce the asthma death rate to no more than 1.5 per 100,000 people.

Baseline: 11-1: The asthma death rate was 1.74 per 100,000 people in 2000.

December 2004 Target: The 2004 data are not available at this writing, however, based on current trends, we anticipate the asthma death rate will decrease by 0.1 per 100,000 residents per year.

Trend Data: Crude Hospital Discharge Rates in the District per 10,000 population

1998	1999	2000	2001	2002	2003
27	31	22	13	12	

2) **2010 Goal 11-2:** The overall asthma morbidity rate is reduced to 10 per 10,000 population.

Objective 11-2: Reduce the overall asthma morbidity rate, as measured by a reduction in the asthma hospitalization rate, to no more than 10 per 10,000 population.

Baseline 11-2: The asthma hospitalization rate was 22 per 10,000 population in 2000.

December 2004 Target: The 2004 data are not available at this writing, however, based on current trends, we anticipate the asthma hospitalization rate will decrease by 1 per 10,000 residents per year.

3) **2010 Goal 11-3:** The annual rate of Emergency Department visits is reduced to no more than 46 per 10,000 residents.

Objective 11-3: Reduce the annual rate of Emergency Department visits to no more than 46 per 10,000 residents. Note: This rate may be adjusted once the baseline data are determined.

Baseline 11-3: Baseline data on the annual rate of Emergency Department visits are to be added.

December 2004 Target: Baseline data need to be determined before evaluating the targeted rate for Emergency Department visits.

Status:

1) *Will any of the three December 2004 targets be attained?* No

The DOH Asthma Control Program, DC Control Asthma Now (DC CAN), will begin its implementation phase in 2005. Therefore, any accomplishments in attaining the target cannot be readily attributed to DC CAN progress, but is a reflection of increased awareness of asthma and its management, and collaborative/ community efforts.

2) *What objectives will be carried over into the next BIP?*

All three of the objectives listed above will be carried over.

3) *Which new objectives will be introduced in the next BIP?*

A new objective will be introduced that proposes to reduce activity limitations among persons with asthma.

4) *What has the DC CAN achieved since its inception in 2002 up to 2005?*

DC CAN has identified three target populations for the implementation of community-based health education intervention programs and produced educational videos for two of these audiences. Senior citizens and children were identified as having high prevalence and hospitalization rates, and emergency department (ED) visits.

- "Asthma and the Elderly" is a video that addresses a segment of the local population that has been long overlooked. The participants of the senior-in-home assessment program were filmed as they discussed issues and barriers to proper asthma management and care. The discussions also revealed issues involving the proper management of the participants' asthma by their healthcare providers.

- "DOH: Childhood Asthma" is a video that features children who attended the American Lung Association (ALA) of DC sponsored "Camp Happy Lungs," a special camp for asthmatic children.

- In 2005, DC CAN will address another target population, Hispanic residents. Videos and literature for Hispanics have not been produced that are culturally and linguistically competent. DC CAN will address this issue by producing a video that will be filmed with Hispanics in their community setting.

DC CAN also initiated the Senior Citizens Asthma Education and In-Home Environmental Assessment Program. The objectives of the program were to: increase knowledge of asthma and asthma self-management techniques; increase self-efficacy

and utilization of asthma management techniques, including medication compliance; increase awareness of community-based asthma resources; and steps to effective client-provider asthma communication. The steps all help to achieve the main objectives of DC CAN and attain the DC 2010 goals.

Focus Area 12: Cancer

Trend Data: Cancer Mortality Rates per 100,000 Population for All Sites in the District of Columbia

1998	1999	2000	2001	2002
241.3	218.8	235.6	232.2	192.9

12-1: Lung Cancer

2010 Goal 12-1: Mortality from lung cancer in the District of Columbia has been reduced to an age-adjusted rate of 40.2 per 100,000 residents.

Objective 12-1: Reduce lung cancer mortality in the District of Columbia to an age-adjusted rate of no more than 40.2 per 100,000 residents.

Baseline 12-1: The age-adjusted lung cancer death rate in the District in 2000 was 60.0 per 100,000 residents.

Status: There is no program that directly addresses lung cancer at the DOH. There is only the Tobacco Use program that targets smoking among residents.

12-2.1 Breast Cancer

Trend Data: Age-adjusted Mortality Rates in the District per 100,000 population for breast cancer:

1998	1999	2000	2001	2002
44	31.5	27.7	41	28.3

1) **2010 goal 12-2.1**: Breast cancer mortality in the District has been reduced to an age-adjusted rate of no more than 24.4 per 100,000 residents.

Objective 12-2.1: Reduce breast cancer mortality in the District of Columbia to an age-adjusted rate of no more than 24.4 per 100,000 residents.

Baseline 12-2.1: The age-adjusted mortality rate for breast cancer in the District in 2000 was 27.0 per 100,000 residents.

December 2004 Target: By December 2004, at least 15,000 District women will receive breast cancer education and 1,500 uninsured and underinsured District women will receive free breast cancer detection services. This is a repeat of last year's target which was 100 percent attained.

Status:

1) *Will the December 2004 target be attained?* Yes

The District of Columbia goal for the year 2010 is to reach an age-adjusted breast cancer death rate of no more than 24.4 per 100,000 population. In comparison to the 1997 baseline rate of 29.1, by the year 2000, the mortality rate had been reduced to 22.3 deaths per 100,000

The time period in which this remarkable change in the breast cancer death rate occurs mirrors the beginning and first implementation phase of the District's Project WISH. Access to free screening and education efforts provided by Project WISH may have greatly contributed to meeting the DC Healthy People 2010 Goal for breast cancer.

Last year Project WISH scheduled 1503 appointments that resulted in 1066 free mammograms to uninsured or underinsured women in the District.

2) *If it will be attained, by what margin?*

It will be attained by 108 percent.

3) *Which strategies were the most successful in target attainment?*

The most successful strategies were providing free screenings and promoting awareness through media and one-on-one outreach.

4) *Which strategies were the least successful?*

Short term outreach was the least successful strategy.

5) *What significance does the attainment of this target have for the selection of your 2005-2006 BIP objectives and strategies?*

The District of Columbia, through the CDC funded Project WISH, will continue educating women and providing opportunities for free breast cancer screening (CBE and mammograms) to eligible, low income and uninsured women.

6) *What objectives will be carried over into the next BIP ?*

Carried over will be Objective 12-2.1 that proposes a reduction in breast cancer mortality by 2010 and the successful strategies related to it:

Continued education and awareness outreach using media, coalition partners and peer navigators. The number of targeted screening mammograms should be decreased, since Project WISH is not enrolling new members temporarily.

7) *Which new objectives will be introduced in the next BIP?*

The percentage of women ages 50-64 who are eligible for screening mammograms will be increased for Objective 12-2.1.

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12-2.2 Cervical Cancer

Trend Data: Age-adjusted Mortality Rates in the District per 100,000 population for cervical cancer:

1998	1999	2000	2001	2002
2.9	6.3	4.3	3.9	

2) **2010 Goal 12-2.2:** Cervical cancer mortality in the District has been reduced to an age-adjusted rate of no more than 0.88 per 100,000 residents.

Objective 12-2.2: Decrease the age-adjusted mortality rate from cervical cancer to no more than 0.88 per 100,000 residents.

Baseline 12-2.2: The age-adjusted cervical cancer mortality rate in the District in 2000 was 4.3 per 100,000 residents.

December 2004 Target: By December 2004, at least 15,000 District of Columbia women will have received cervical cancer education, and 1,700 uninsured or underinsured District women will receive free cervical cancer detection services.

Status:

1) *Will the December 2004 target be attained?* No

The District of Columbia goal for the year 2010 is to reach an age-adjusted cervical cancer death rate of no more than 0.88 per 100,000 population. In comparison to the 1997 baseline mortality rate of 2.2 per 100,000 population, by the year 2000, the mortality rate had increased to 3.2 per 100,000 population.

2*) If it will be attained, by what margin?*

The target was not attained.

3*) Which strategies were the most successful in target attainment?*

The target was not attained. However, continued education and awareness outreach using the media and coalition partners were the most successful of the strategies implemented. The number of targeted screening mammograms should decrease, since Project WISH is not enrolling new members temporarily.

4) *Which strategies were the least successful?*

Short term outreach campaigning was the least successful strategy.

5) *What significance does the attainment of this target have for the selection of your 2005-2006 BIP objectives and strategies?*

The District of Columbia, through the CDC funded Project WISH, will continue educating women and providing opportunities for ER screening to eligible low income and uninsured women.

6) *What objectives will be carried over into the next BIP?*

Objective 12-2.2. and its strategies for continued education and awareness outreach using media, coalition partners, and peer navigators will be carried over into the next BIP. We should decrease the number of women targeted for education and screening by PAP test, since Project WISH is not enrolling new participants temporarily.

7) *Which new objectives will be introduced in the next BIP?*

No new objective will be introduced. But there will be a new strategy of increasing the number of women ages 50-64 who are screened.

12-4 Prostate Cancer

Trend Data: Age-adjusted Mortality Rates in the District per 100,000 population for prostate cancer overall (all males):

1997	1998	1999	2000	2001	2002
*27.8	*24.4	**57.1	50.7	56.8	

Age-adjusted Mortality Rates in the District for African American male residents:

1997	1998	1999	2000	2001	2002
*32.9	* 29	**68.5	64.9	69.6	

*Calculated using 1970 census population. ** Calculated using 2000 census population.

Source: DOH DC Cancer Registry

3) **2010 Goal: 12-4:** The prostate cancer mortality rate for African American men has been reduced to an age-adjusted 24.4 percent per 100,000 residents. American men.

Objective 12-4: Reduce the prostate cancer mortality rate for African American men to no more than 24.4 per 100,000 residents.

Baseline 12-4: The overall prostate cancer mortality rate was 50.7 per 100,000 in 2000 (Calculated using the 2000 population). In African Americans, the prostate cancer mortality rate was 64.9 per 100,000 residents in 2000.

December 2004 Target: By December 2004, the prostate cancer mortality for African American residents will have been stabilized at 24.4 per 100,000.

Status: *Awaiting results*

1) *Will the December 2004 target be attained?*

2) *If it will be attained, by what margin? (100%, 75%, 50%, 25%)*

3) *Which strategies were the most successful in target attainment?*

4) *Which strategies were the least successful?*

5) *What significance does the attainment of this target have for the selection of your 2005-2006 BIP objectives and strategies?*

6) *What objectives will be carried over into the next BIP ?*

7) *Which new objectives will be introduced in the next BIP?*

12-5.1: Cancer Registry

1) **2010 Goal 12-5.1:** A statewide population-based cancer registry has been established to capture information on at least 95 percent of the expected number of reportable cases.

Objective 12-5.1: Establish a statewide population-based cancer registry that captures information on at least 95 percent of the expected number of reportable cases.

Baseline 12-5.1: As of January 2003, 3240 (100%) of the expected number of reportable cases had been captured for the reference year 2000.

December 2004 Target: By December 2004, capture information on at least 95 percent of the expected number of reportable cases among District residents occurring during the 2000 calendar year. This target was 2982 (97%) attained for 2001 reportable cases collected by December 2004.

Status:

1) *Will the December 2004 target be attained?* Yes

2) *If it will be attained, by what margin?*

Attainment was 97 percent.

3) *Which strategies were the most successful in target attainment?*

The requirement for reporting institutions to report on time and the continuous reminder to institutions concerning reporting delays.

4) *Which strategies were the least successful?* None

5) *What significance does the attainment of this target have for the selection of your 2005-2006 BIP objectives and strategies?*

The attainment of the target underscores the significance of continuing constant communication with reporting institution.

6) *What objectives will be carried over into the next BIP?*

All DCCR objectives from the previous years will be carried over into the next year (with the exception of that for lung cancer).

7) *Which new objectives will be introduced in the next BIP?*

New objectives being considered are in the area of using the registry's data for collaborative research with other institutions.

A new objective is planned to amend the current cancer reporting law to meet the federal requirements of indemnifying the reporting hospitals.

2) **Goal 12-5.2:**Trends in the incidence of and death from lung, breast, cervical, colorectal and prostate cancer among residents are monitored by the DC Cancer Surveillance System using the District's Cancer Registry.

Objective 12-5.2: Monitor trends in the incidence of and death from cancer sites including lung, breast, cervical, colorectal and prostate cancer among residents by the DC Cancer Surveillance System using the District's Cancer Registry.

Baseline: 12-5.2a: Incidence and death rates in lung cancer among residents captured by the Cancer Registry in 2000 were 64.7 (360) and 60.0 (334) per 100,000 population, respectively. All rates were age-adjusted against the 2000 US population.

12-5.2b: Incidence and death rates in breast cancer cases among residents captured in 2000 were 177.1 (557) and 27.0 (88) per 100,000, respectively.

12-5.2c: Incidence and death rates in cervical cancer cases among residents captured in 2000 were 15.3 (47) and 4.3 (14) per 100,000, respectively.

12-5.2d: Incidence and death rates in colorectal cancer cases among residents captured in 2000 were 76.2 (427) and 29.7 (166) per 100,000, respectively.

12-5.2e: Incidence and death rates in prostate cancer cases among residents captured in 2000 were 247.5 (569) and 50.7 (101) per 100,000, respectively.

December 2004 Target: By December 2004, gather information on a minimum of 95 percent of all cancers occurring among District residents during the 2000 referenced calendar year, in order to produce the age-adjusted cancer incidence rates. This target was attained for all sites in 2001 and will be maintained in 2002. Site information for breast, lung, colorectal and prostate cancer will be included in the American Cancer Society South -Atlantic Division publication *Cancer Facts and Figures for the Year 2002* reportable cases.

Status:

1) *Will the December 2004 target be attained?*

Attainment was achieved for lung and bronchus and breast cancers, but was not achieved for cervical, colorectal and prostate cancers.

2) *If it will be attained, by what margin?*

Attainment was as follows: for lung and bronchus cancer 413 (120.8 percent). Breast 572 (108.1 percent), cervical 36 (80.6 percent), colorectal 334 (82.3 percent), and prostate 501 (92.7 percent).

3) *Which strategies were the most successful in target attainment?*

Most successful were the requirement for reporting institutions to report on time and the continuous reminder to institutions for reporting delays.

4) *Which strategies were the least successful?* None

5) *What significance does the attainment of this target have for the selection of your 2005-2006 AIP objectives and strategies?*

The attainment underscores the importance of continuing constant communication with reporting institutions.

6) *What objectives will be carried over into the next BIP?*

All DCCR objectives from the previous years will be carried over into the next BIP

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7) *Which new objectives will be introduced in the next BIP?*

New objectives being considered are in the area of using the registry's data for collaborative research with other institutions.

Focus Area: Diabetes:

Trend Data: Age-adjusted Mortality Rates in the District per 100,000 population

- For diabetes as the primary cause of death:

2000	2001	2002
34.9	37.5	31.4

- For diabetes as the primary cause of death. among African American residents:

2000	2001	2002
34.9	32.0	31.4

1) **2010 Goal 13-3:** 80 percent of District residents with diabetes report having a yearly hemoglobin A1c measurement.

Objective 13-3: Increase to 80 percent the proportion of District residents with diabetes who report having a yearly hemoglobin A1c measurement.

Baseline 13-3: 69.8 percent of diabetic residents in the District reported having a yearly hemoglobin A1c in 1997 according to the 1997 Behavioral Risk Factor Surveillance Survey (BRFSS).

December 2004 Target:

- As of December 2004, all registries will be established.
- As of December 2004, standard of care guidelines will be developed and approved.

2) **2010 Goal 13-5**: 85 percent of District residents with diabetes report having had a dilated eye exam in the past year.

Objective 13-5: Increase to 85 percent the proportion of District residents with diabetes who report having a dilated eye exam within the past year.

Baseline 13-5: 78.1 percent of District residents reported having a dilated eye exam in 1997 (BRFSS).

December 2004 Target: As of December 2004, the following will have been accomplished:

- All registries will be established.
- Standard of care guidelines will be developed and approved.

3) **2010 Goal 13-6:** 75 percent of District residents report having their feet checked for sores or irritations by a health care professional within the past year.

Objective 13-6: Increase to 75 percent the proportion of District residents with diabetes having their feet checked for sores or irritations by a health care professional in the past year.

Baseline 13-6: In 1997, 57 percent of District residents with diabetes reported having a food exam by a health care professional within the past year.

December 2004 Target: As of December 2004, the following will have been accomplished:

- All registries will be established
- Standard of care guidelines will be developed and approved.

Status: *The questions and answers that follow apply to all three 2010 Objectives and their December 2004 targets.*

1) *Will the December 2004 target be attained?*

- The 2004 target for standards of care is met.
- The 2004 target for registries is partially met.

2) *If it will be attained, by what margin?*

- The target for standards of care was met at 100 percent.
- The target for registries was met at 25 percent.

3) *Which strategies were the most successful in target attainment?*

The use of system partners to develop and gain consensus on standards was key to meeting the target. Also, funding was supplied by system partners, so that resources were available for target activities.

4) *Which strategies were the least successful?*

There is insufficient funding for the registry target. This has slowed progress toward attainment.

5) *What significance does the attainment of this target have for the selection of your 2005-2006 BIP objectives and strategies?*

Attainment of the standards target will allow system partners to develop core data reporting requirements. These requirements will lead to system partners needing registries or other IT solutions to report data. The

availability of data will fulfill a key requirement for meeting 2010 objectives, since system partners will be able to develop performance improvement strategies based on their own data. System partners may set their performance targets based on system (District) level targets.

6) *What objectives will be carried over into the next BIP?*

System registries will be carried over and data reporting will be carried over. However, the exact nature of the target may change.

7) *Which new objectives will be introduced in the next BIP?*

No new objectives will be added. However, the targets, strategies, and processes used to obtain HP 2010 Objectives may change significantly. Also, based on federal guidance, new intermediate objectives may replace some HP 2010 Objectives. This may include system-based performance measures, system-partner teams conducting key activities and the local public health agency acting as a coordinating entity within the system.

Focus Area: Disabilities

1) **2010 Goal 14-1:** 100 percent of the District of Columbia Department of Health data collection instruments include a standardized set of questions that identify people with disabilities.

Objective 14-1: Include in the core of all relevant District of Columbia Department of Health (DOH) data collection instruments a standardized set of questions that identify people with disabilities.

Baseline 14-1: Three of sixty programs within the Dept. of Health collected information that identifies people with disabilities as of August 2001.

December 2004 Target: As of December, 2004, 30 percent of DOH data collection instruments include questions pertaining to persons with disabilities.

Status:

1) *Will the December 2004 target be attained?* No

The program had several barriers during this fiscal period. These barriers included a change in the management of the program, and in the identification and assessment of children (0-8 years of age) at-risk for developmental delay and disabilities.

2) *If it will be attained, by what margin?* N/A

Once program changes have been implemented, projected targets will be modified.

3) *Which strategies were the most successful in target attainment?* N/A

4) *Which strategies were the least successful?*

Objectives 14-2 through 14-6 have been eliminated, due to changes in the focus of the Bureau of Epidemiology and Health Risk Assessment, and the lack of funding to address the interventions related to these objectives.

5) *What significance does the attainment of this target have for the selection of your BIP 2005-2006 objectives and strategies?* N/A

6) *What objectives will be carried over into the next BIP?* Objective 14-1.

7) *Which new objectives will be introduced in the next BIP?* That depends on funding.

Focus Area – Cardiovascular Disease (formerly Heart Disease and Stroke)

Trend Data: Age-adjusted Mortality Rates in the District per 100,000 population for heart disease:

2000	2001	2002
277.3	272.98	251.5

1) **2010 Goal 15-1:** Deaths from heart disease have been reduced to no more than 230.2 per 100,000 residents.

Objective 15-1: Reduce deaths from heart disease to no more than 230.2 per 100,000 residents.

Baseline 15-1: In 2000, the age-adjusted mortality rate for heart disease was 273.7 per 100,000 District of Columbia residents.

December 2004 Target: As of December 2004, the Cardiovascular Health Program (CHP) will complete a District-wide analysis of existing environmental and policy barriers to cardiovascular health. This analysis will investigate health care providers as well as managed care organizations, examining their capacity to meet the burden of cardiovascular disease in the District of Columbia. This analysis will serve as the foundation for the creation of the State Plan for Cardiovascular Disease**.**

Status:

1) *Will the December 2004 target be attained?* Partially

The assessment tool was created, however, the tool is to become web-based, and will require the additional assistance of the DOH IT Department. This process has begun, and the tool will be amended to accommodate the requested changes.

2) *If it will be attained, by what margin?* 50 percent

The tool was actually created, but has been stalled due to the above-mentioned factors.

3) *Which strategies were the most successful in target attainment?*

Internal/External partnerships with other cardiovascular health funded States, as well as DOH disease prevention programs were key in both developing the assessment tool and obtaining the technology to adapt the tool for widespread distribution. There were several meetings held to edit multiple drafts of the tool, and it should be web-based in this fiscal year.

4) *Which strategies were least successful?* N/A

5) *What significance does the attainment of this target have for the selection of your BIP 2005-2006 objectives and strategies?*

The completion of this assessment will allow for the CHP to construct its 5-year State Plan for cardiovascular disease prevention in the District of Columbia. The CHP has engaged its Forum members to assist in the creation of a State Plan to consist of policy amendments, as well as best practices for cardiovascular disease prevention.

Trend Data: Age-adjusted Mortality Rates in the District per 100,000 population for stroke:

2000	2001	2002
40.0	58.54	41.4

2) **2010 Goal 15-8:** The rate of death from stroke in the District of Columbia has been reduced to no more than 33.2 per 100,000 residents.

Objective 15-8: Reduce the rate of death from stroke in the District of Columbia to no more than 33.2 per 100,000 residents.

Baseline 15-8: The age-adjusted death rate due to stroke was 39.5 per 100,000 District residents in 2000.

December 2004 Target: By December 2004, the Cardiovascular Health Program will complete a District-wide analysis of existing environmental and policy barriers to optimum cardiovascular health. This analysis will investigate health care providers, as well as managed care organizations, examining their capacity to meet the burden of cardiovascular disease in the District of Columbia. This analysis will serve as the foundation for the creation of the State Plan for Cardiovascular Disease.

Status: The target is the same for both objectives. Consequently the answers to the questions are the same for both objectives.

Focus Area: HIV/AIDS

Responsible sexual behavior is a leading health indicator.

1) **2010 Goals 16-1:** There is a 5 percent annual increase in the number of HIV+ individuals identified through HIV counseling and testing.

Objective 16-1: Increase by 5 percent annually the number of HIV+ individuals identified through HIV counseling and testing (by programs funded through the HIV/AIDS Administration and the Centers for Disease Prevention and Control).

Baseline 16-1: 209 individuals were identified as HIV+ through counseling and testing services as of FY 2003. (Source: Counseling and Testing Database)

December 2004 Target: As of December 2004, 219 HIV+ individuals will be identified through HIV counseling and testing.

Status: In 2004, Objectives16-1, 16-2, 16-3, and 16-4 were reworded, while Objectives 16-5 through 16-7 were dropped.

1) *Will the December 2004 target be attained?* Yes

2) If the target was attained, by what margin?

The target was exceeded. 278 HIV+ individuals were identified.

3) Which were the most successful strategies in target attainment?

The most successful strategies were conducting HIV testing in areas where and at times when people at risk congregate.

4) Which were the least successful in target attainment? N/A

5) What significant does the target attainment have for the selection of your BIP 2005-2006 Objective?

This objective describes the effort of the HIV/AIDS Administration (HAA) to increase awareness of HIV status among DC residents.

6) Will this objective will be carried over into the next BIP? Yes

7) *Will any new objective be introduced in the next BIP?* No

2) **2010 Goal 16-2:** There is a 5 percent annual increase in the number of newly reported AIDS cases as a result of active case findings.

Objective 16-2: Increase by 5 percent annually the number of newly reported AIDS cases as a result of case findings.

Baseline 16-2: 1,160 newly reported AIDS cases were recorded as a result of active case findings in FY 2003 (AIDS Surveillance database).

December 2004 Target: As of December 2004, 1,218 newly reported AIDS cases will result from active case findings.

Status:

1) *Will the December 2004 target be attained?* No

2) If the target was attained, by what margin?

Of the targeted 1,218 newly reported AIDS cases, only 1,115 cases resulted from active case findings.

3) Which were the most successful strategies in target attainment?

- Investigation and active case findings
- Increased outreach and education campaigns targeting providers (i.e., physicians, HIV testing sites) and informing these entities of their responsibility (according to the DC municipal regulation) to report HIV/AIDS cases to the Department of Health (this strategy has been only recently implemented.)

4) Which were the least successful in target attainment? N/A

5) What significant does the target attainment have for the selection of your BIP 2005-2006 Objective?

The number of newly reported AIDS cases is used to develop the epidemiologic profile of HIV and AIDS in DC.

6) Will this objective will be carried over into the next BIP? Yes

7) *Will any new objective be introduced in the next BIP?* No

3) **2010 Goal 16-4:** There is a 2.5 percent annual increase in the number of HIV+ individuals newly enrolled in ADAP.

Objective 16-4: Increase by 2.5 percent annually the number of HIV+ individuals who enroll in AIDS Drug Assisted Program (ADAP).

Baseline 16-4: 646 HIV+ individuals were newly enrolled in ADAP in FY 2003. (Source: ADAP database)

December 2004 Target: As of December 2004, increase number of HIV+ individuals newly enrolled in ADAP to 662.

Status:

1) *Will the December 2004 target be attained?* Yes

2) If the target was attained, by what margin?

The number of HIV+ individuals newly enrolled is 768.

3) Which were the most successful strategies in target attainment?

Expanded formulary

4) Which were the least successful in target attainment? N/A

5) What significant does the target attainment have for the selection of your BIP 2005-2006 Objective?

The continuous provision of treatment services to people living with HIV/AIDS in the District of Columbia

6) Will this objective will be carried over into the next BIP? Yes

7) *Will any new objective be introduced in the next BIP?* No

Focus Area: Immunization

Immunization is a leading health indicator.

1) **2010 Goal 17-3**: Immunization coverage has been maintained at 95 percent for children in licensed child-care facilities. Head Start Centers, and prekindergarten classes.

Objective 17-3: Maintain immunization coverage at 95 percent for children in licensed child care facilities, Head Start Centers, and prekindergarten classes..

Baseline 17-13: Coverage levels for licensed child care facilities in 2001 were 4 DtaP 95 percent, 3+Polio 97 percent, 1+MMR 97 percent, 3+Hib 95 percent, and 1 Varicella/history 97 percent according to school survey data. Coverage levels for Head Start centers in 2001 were 4DtaP 91 percent, 3+Polio 95 percent, 1+MMR 95 percent, 3+Hib 91 percent, and I Varicella/history 95 percent according to survey data. Coverage levels for PreK/K/1 grade students in 2001 were 4 DtaP 92 percent, 3+Polio 94 percent, 1+ MMR 98 percent, 3+Hib no age appropriate, and 1 Varicella/history 91 percent according to survey data.

December 2004 Target: As of December 2004, 95 percent of children attending licensed child care facilities, Head Start centers, and Pre-K classes will have completed specific coverage rates for selected antigens.

Status:

1) *Will the December 2004 target be attained*? Yes

The targeted 95 percent was met for all vaccines listed except for the 3+Hib (94.76 percent) in child care centers and for 4DtaP (93.78 percent) in the Head Start centers).

2) *If it will be attained, by what margin?*

Target attainment was 100 percent for all except the 3+Hib in child care centers and the 4DtaP in the Head Start centers.

3) *Which strategies were the most successful in target attainment?*

On-site assessment reviews

4) *Which strategies were the least successful?*

Mail-out surveys

5) *What significance does the attainment of this target have for the selection of your 2004 BIP objectives and strategies?*

It helps to more precisely define our target and strategies for target attainment. This will lead to more aggressive follow-up practices in the upcoming year.

6) *What objectives will be carried over into the next BIP?*

The above mentioned objective will be carried over into the next BIP.

7) Which new objectives will be introduced in the BIP?

There will be no new objectives introduced in the BIP.

2) **2010 Goal 17-7**: 100 percent of each new birth cohort is enrolled in the Central Immunization Registry.

Objective 17-7: Increase to 100 percent (minus any deaths) the proportion of each new birth cohort enrolled in the Central Immunization Registry.

Baseline 17-7: This project began in the year 2001. Baseline data indicate that 76 percent (5,683 of l7,513 births, based on 1999 resident births of the cohort.

December 2004 Target: As of December 2004, 78 percent of the year 2003 birth cohort will be enrolled in the Central Registry.

Status:

1) *Will the December 2004 target be attained?* Yes

The target of 78 percent was exceeded. 83.3 percent of births were entered into the system by December 2004.

2) *If it will be attained, by what margin?*

Target attainment was 100 percent.

3) *Which strategies were the most successful in target attainment?*

Receiving electronic data (new births to DC mothers) from the State Center for Health Statistics, Vital Records Division

4) *Which strategies were the least successful?*

Vital Records information was often incomplete and not submitted in a timely manner. The following birth information was not provided:

- Births outside the District to DC mothers
- Births within the District to non-District residents

5) *What significance does the attainment of this target have for the selection of your 2004 BIP objectives and strategies?*

The target percentage rate will be increased for the next BIP.

6) *What objectives will be carried over into the next BIP?*

The above mentioned objective will be continued for the next BIP.

7) *Which new objectives will be introduced in the BIP?*

No new objectives will be introduced in the BIP.

3) **2010 Goal 17-9:** 90 percent of non-institutionalized adults ages 65 and older are vaccinated annually against influenza and have ever been immunized against pneumococcal disease. Sixty percent of non-institutionalized adults ages 65 years and older are immunized against pneumococcal disease.

Objective 17-9: Increase to 90 percent the proportion of non-institutionalized adults aged 65 years and older immunized against influenza; and increase to 60 percent the proportion of non-institutionalized adults ages 65 years and older immunized against pneumococcal disease.

Baseline 17-9: BRFSS* coverage level data for 2002 indicated that 61 percent of non-institutionalized adults 65 and older were immunized with influenza vaccine and 48.3 percent of non-institutionalized adults 65 and older were immunized with pneumococcal vaccine. (Source: Delmarva Foundation – Preventive health services delivered to Medicare Patients in the District of Columbia.)

December 2004 Target: As of December 2004, 65 percent of high-risk adults or those 65 years and older will be vaccinated with influenza vaccine and 50 percent, if needed, with pneumococcal vaccine.

Status: Waiting for BRFSS data to answer Questions 1-7. The flu shortage may have a negative impact on these rates.

1) Will the December 2004 target be attained?

2) If it will be attained, by what margin?

3) Which strategies were the most successful in target attainment?

4) Which strategies were the least successful?

5) What significance does the attainment of this target have for the selection of your 2004 BIP objectives and strategies?

6) What objectives will be carried over into the next BIP?

7) Which new objectives will be introduced in the next BIP?

Focus Area: Mental Health

Mental Health is a leading health indicator.

Mental Health Services for District Children, Adolescents and Their Families

1) **2010 Goal 18-1:** A community support system for children or youth with mental health problems and their families is being developed through collaboration in the administration, financing, resource allocation, training and delivery of services across all appropriate public systems.

Objective 18-1.5. Expand to provide comprehensive school-based mental health services to another set of identified schools (n=14 by 2003, total n = 40).

Baseline 18-1.5: As of September 2002, a full complement of prevention, early intervention, and treatment services were available in 10 Charter Schools and 16 DC Public Schools out of a total of 35 Charter Schools and 147 Public Schools serving District residents.

December 2003 Target: As of December 2003, approximately 14 percent of DC Public Schools (n=147) and 32 percent of Public Charter Schools (n=35) will have a full complement of mental health prevention, early intervention, and treatment services available to children and their families.

December 2004 Target: As of December 2004, approximately 5 transformation schools will be added to the School Mental Health Program, resulting in about 17 percent of DC Public Schools (n=147); and 32 percent of Public Charter Schools (n=35) will have a full complement of mental health prevention, early intervention, and treatment services available to children and their families.

1) *Will the December 2003 target be attained?* No

2) *If it will be attained, by what margin?*

The December 2004 target project that the School Mental Health Program would be operational in 36 schools (25 DC Public Schools and 11 Public Charter Schools). This program is currently in 29 schools (19 DC Public Schools and 10 Charter Schools). Last year one DCPS closed (Evans) and one charter school closed (Village Learning Center). Although the target of 36 schools was not met, 29 schools represents 81 percent of target attainment.

3) *Which strategies were the most successful in target attainment?*

- Continued relationship-building with individual schools and leadership (via Memoranda of Understanding or MOUs and agreements)
- Support (financial, legal, and management) from the Department of Mental Health (DMH), including the State Mental Health block grant.

- Advocacy from the School Mental Health coalition and involvement of city representatives (i.e., City Council, Mayor, Board of Education)
- Collection of outcome and process data
- Joint training and system integration (i.e., crisis response) with schools.

4) *Which strategies were the least successful?*

The issue is not so much least successful strategies as it is unmet needs. These include:

- Stronger infrastructure at DMH to include staff dedicated to evaluation and data collection, program manager, and crisis coordinator;
- Modified DMH hiring practices and contract processes; and
- Streamlined DMH budget process to accept private grants.

5) *What significance does the attainment of this target have for the selection of your 2004 BIP objectives and strategies?*

- Strategic plan for expansion;
- Funding plan to include diversified funding (appropriated dollars, contracts with schools, foundation money, grants, contracts with Managed Care Organizations or MCOs);
- Agreements with MCOs;
- Determination of the feasibility of fee-for-service model for School Mental Health Program.

6) *What objectives will be carried over into the BIP for Year 2005-2006?*

Dependent upon the availability of funding, DMH can again propose that the School Mental Health Program would try to meet the December 2004 original target (operational in 25 DC Public Schools and 11 Public Charter Schools) by December 2006.

7) Which new objectives will be introduced in the BIP?

A detailed strategic plan for sustaining growth into all 190 public schools (to include funding plan, resource plan, legal/procedural/policy development implications).

Services for Adult Residents of the District of Columbia

2) **2010 Goal 18-2.1:** An adult mental health system of care has been developed that provides responsible outreach and mental health services to persons in the District who are homeless and have a mental illness.

Objective 18-2.1: .Expand the number of service contracts to persons who are homeless and have a mental illness in the District to 35,944 during 2003.

Baseline 18-2: The target of 23,246 service contracts for persons who are homeless and mentally ill in the District was exceeded in FY 2002. A new target of 35,944 service contracts was set for 2003.

December 2003 Target: As of December 2003, there will be 35,944 service contracts provided to persons who are homeless and have a mental illness in the District of Columbia.

December 2004 Target: As of December 2004, develop and implement a training curriculum for homeless service providers and DMH Core Services Agencies. The topics will include outreach and engagement, resources, mental health issues in the homeless population, addiction, cultural competence and other issues. The DMH and homeless service providers will serve as trainers, outside speakers – as appropriate – will be invited, and certificates provided.

Another activity for 2004 will be to continue to refine the system for tracking unduplicated persons who are homeless and face-to-face contacts.

Status:

1) *Will the December 2004 target be attained?* No

The focus changed from implementation of a training curriculum for homeless service providers and DMH Core Services Agencies to the introduction of the "Housing First" program for chronically homeless adults with serious mental illness. This program is modeled on "Pathways to Housing" in New York City. The DMH, working closely with the DC Housing Authority, developed a "Housing First" Assertive Community Treatment (ACT) Team and plans to develop additional teams. The DMH provider network will be trained on the implementation of this model.

It is noted that although the planned training did not occur, the DMH Homeless Outreach Program staff have continued to conduct training on mental health issues with homeless services providers and competencies in working with persons who are homeless and mentally ill with ACT and Community Support workers. Shelter providers have been a focus of training and issues related to hypothermia, a topic of interest. During FY 2004, a total

of seven trainings were conducted. It is also noted that a course on homelessness was taught as part of the DMH Training Institute 2004 Fall Series cultural competence offerings.

The Department has an ongoing relationship with the Metropolitan Police Department (MPD), whereby police officers are trained on how to intervene with individuals in crisis due to mental illness. This training also focuses on issues related to homelessness.

2) *If it will be attained, by what margin?)* N/A
3) *Which strategies were the most successful in target attainment?* N/A
4) *Which strategies were the least successful?* N/A
5) *What significance does the attainment of this target have for the selection of your 2004 BIP objectives and strategies?* N/A
6) *Which objectives will be carried over into the BIP for 2005-2006?* N/A

7)*Which new objectives will be introduced in the next BIP?*

We plan to introduce an objective proposing to expand the "Housing First" model by developing two new ACT teams for chronically homeless adults with serious mental illness by December 2006.

Services for Homeless People with Serious Mental Illness Who are 18 Years of Age and Older

) **2010 Goal 18-2.2:** Increased numbers of safe, decent, affordable housing units are available for adult residents of the District of Columbia who have a mental illness to promote their recovery from mental illness.

Objective 18-2.2a: Develop 50 percent more housing units dedicated for residents of the District who have a mental illness in 2003 than were developed with DMH capital and operating funding in FY 2002.

Objective 18-2.2b: Develop 100 percent more housing units dedicated for residents of the District who have a mental illness in 2004 than were developed with DMH capital and operating funding in FY 2003.

Baseline 18-2.2c: The DMH Homeless Outreach Program currently makes over 100 contacts per month with homeless individuals residing in shelters or on the street. Other services provided by DMH programs (Homeless Support Teams and drop-in center) total approximately 2,800 contacts per month.)

December 2003 Target: As of December 2003, there will be 150 additional new housing units developed.

December 2004 Target: As of December 2004, there will be 328 new housing units developed.

Status:

1) *Will the December 2003 target be attained?* Yes

350 new housing units were developed compared to the projected 328, thereby exceeding the target by 22 housing units.

2) *If it will be attained, by what margin?* 107 percent

3) *Which strategies were the most successful in target attainment?*

The DMH Housing Business Plan outlines the strategies that will be pursued in order to increase the availability of housing for adults with serious mental illness. The strategies that proved most successful involved the identification of new developers and referral by developers to the housing intermediary.

4) *Which strategies were the least successful?*

The DMH does not pursue strategies that are not identified in the DMH Housing Business Plan.

5) *What significance does the attainment of this target have for the selection of your 2004 BIP objectives and strategies?*

The development of new housing units is an ongoing initiative.

7) *Which new objectives will be introduced in the BIP?*

There are two factors that affect the projections for the development of new housing units during 2005-2006: 1) the cost of housing in the District has significantly increased and 2) DMH has identified a new housing intermediary that began the start-up phase during the second quarter of FY 2005. The DMH December 2006 target for new housing units will be an additional 150.

Focus Area: Sexually Transmitted Diseases

Responsible sexual behavior is a leading health indicator.

Incidence Rate for Primary and Secondary Syphilis in the District (per 100,000 cases)

2000	2001	2002	2003	2004
7.1		10.1	8.4	12.0

1) **2010 Goal 19-3:** The incidence of primary and secondary syphilis is reduced to no more than 3 cases per 100,000 people in the District of Columbia.

Objective 19-3: Reduce the incidence of primary and secondary syphilis in the District to no more than 3 cases per 100,000 people.

Baseline 19-3: The primary and secondary syphilis rate in the general population in the District of Columbia was 7.1 per 100,000 people in the year 2000.

December 2004 Target: As of December 2004, the incidence of primary and secondary syphilis is reduced to no more than 13.0 cases per 100,000 people. (In 2002, the incidence of primary and secondary syphilis was 10.1 per 100,000 people.)

Status:

1) *Will the December 2004 target be attained?* Yes

Sixty-nine (69) case reports resulted in an incidence rate of 12.0 per 100,000 people (calculated as 69 of 572,059 x 100,000).

2) *If it will be attained, by what margin?*

The targeted incidence rate for primary and secondary syphilis was reduced below the targeted 13.0 to 12.0. This represents a margin of over 100 percent attainment.

3) *Which strategies were the most successful in target attainment?*

The most successful strategy was to ensure that by December 31, 2004 the Division receives at least 95 percent of all positive syphilis reports within 24 hours of test result.

4) *Which strategies were the least successful?*

The least successful strategy was to ensure that at least 95 percent of all early syphilis case diagnoses are entered into the surveillance system without mistakes within 24 hours of interview.

5) *What significance does the attainment of this target have for the selection of your 2004 BIP objectives and strategies?*

The STD Program Administration considers surveillance aspects of targeted diseases and infrastructural components of the STD program vital to program performance. The STD Program Administration is enhancing worker performance and continuing with surveillance strategies.

6) *What objectives will be carried over into the next BIP?*

Objective 19-3 will be carried over.

7) *Which new objectives will be introduced in the BIP?*

No new objective is planned for the next BIP.

2) **2010 Goal 19-4:** The incidence rate for congenital syphilis has been reduced to no more than 10 cases per 1,000 live births.

Objective 19-4: Reduce the incidence of congenital syphilis to no more than 10 cases per 1,000 live births.

Baseline: The incidence rate for congenital syphilis in the year 2000 was 52.0 per 1,000 live births.

December 2004 Target: As of December 2004, the incidence rate for congenital syphilis has been reduced from 52.0 cases per 1,000 to no more than 42.0 cases per 1,000 live births.

Status:

1) *Will the December 2004 target be attained?* Yes

The target proposed a reduction of the incidence rate for congenital syphilis from 52.0 to 42.0 cases per 1,000 live births. One case report resulted in a rate of 13 per 1,000 live births(calculated based on 1 of 7,666 times 1,000).

2) *If it will be attained, by what margin?*

The targeted reduction in the incidence of congenital syphilis was attained by a 69 percent margin.

3) *Which strategies were the most successful in target attainment?*

The most successful strategy was to ensure that the Division receives at least 95 percent of all positive syphilis reports within 24 hours of test result.

4) *Which strategies were the least successful?*

The least successful strategy was to ensure that at least 95 percent of all early syphilis case diagnoses are entered into the surveillance system (without mistakes) within 24 hours of interview.

5) *What significance does the attainment of this target have for the selection of your 2004 BIP objectives and strategies?*

The STD Program Administration considers surveillance aspects of the infrastructural components of the STD program vital to program performance. Attainment of the 2004 target sets a benchmark for the next interim target for this 2010 Objective.

6) *What objectives will be carried over into the next BIP?*

Objective 19-4 will be carried over.

7) *Which new objectives will be introduced in the BIP?*

No new objectives will be introduced.

3) **2010 Goal 19-1:** The proportion of women testing positive for Chlamydia trachomatis in the District's STD Clinic has been reduced by 3.28 percent and in the family planning clinics by 4.92 percent.

Objective 19-1: Reduce the proportion of women in the District of Columbia testing positive for Chlamydia trachomatis infections in the STD Clinic by 3.28 percent and in family planning clinics by 4.92 percent.

Baseline 19-1: The proportion of women in the District of Columbia testing positive for Chlamydia trachomatis infections in the STD Clinic was 6.0 percent (146 of 2,426) and in family planning clinics 3.8 percent (112 of 2,858) in 2000.

December 2004 Target: As of December 2004, the proportion of women testing positive for Chlamydia trachomatis in the District's STD Clinic has been reduced by at least 0.5 percent to 5.5 percent and in the family planning clinics by at least 0.5 percent to 2.41 percent.

Status:

1) *Will the December 2004 target be attained?* Yes

In the STD Clinic, the proportion of women testing positive was 113 of 2,350 or 4.8 percent. In the Family Planning Clinic, 85 of 3,152 or 2.7 percent tested positive.

2)*If it will be attained, by what margin?*

In the STD clinic, target attainment was by 100 percent and in the Family Planning Clinic target attainment was by approximately 90 percent.

3) *Which strategies were the most successful in target attainment?* N/A

The STD Program Administration considers laboratory testing plus provider reporting an ongoing process and a vital component of the surveillance infrastructure.

4) *Which strategies were the least successful?* N/A

This same response applies here as to #3 above.

5) *What significance does the attainment of this target have for the selection of your 2004 BIP objectives and strategies?*

The same response also applies here.

6) *What objectives will be carried over into the next BIP?*

Objective 19-1 will be carried over.

7) *Which new objectives will be introduced in the BIP?*

No new objectives will be introduced.

Focus Area: Substance Abuse

Substance abuse is a leading health indicator.

Trend Data: Percent of youth reporting ever having tried cigarette smoking, according to the Youth Behavioral Risk Factor Survey (YRBS)

2001	2002	2003	2004
56.7		55.5	53.9

1) **2010 Goal 20-1:** No more than 50 percent of youth report ever having tried cigarette smoking.

Objective 20-1: Reduce to no more than 50 percent the proportion of youth who have ever tried cigarette smoking.

Baseline 20-1: 56.7 percent of boys and girls have tried smoking, according to the 2001 District of Columbia Youth Risk Behavior Survey (YRBS).

December 2004 Target: As of December 2004, 53.9 percent of boys and girls report having tried smoking (a decrease of 5 percent from 56.7 percent in 2001).

Status:

1) *Will the December 2004 target be attained?*

According to data released in 2003, it is probable that the December 2004 targets established through the use of the Youth Risk Behavior Survey (YRBS) will be attained. As of 2003, 55.5 percent of boys and girls report having tried smoking in the District of Columbia.

2) *If it will be attained, by what margin?*

It is projected that the target will be surpassed by 100 percent.

3) *Which strategies were the most successful in target attainment?*

- Distribution of substance abuse prevention information throughout District neighborhoods, including District Public Schools and Public Charter Schools, in order to reach 35,000 youth.

- Provision of training on substance abuse prevention to 500 persons including staff of community-based organizations, school personnel, faith-based communities, parents and other youth workers.

- Awarding of 21 grants to community-based organizations to provide prevention programs to children, youth and families; to develop and implement community-based and environmental strategies for ATOD prevention.

4) *Which strategies were the least successful?*

Distribution of 500,000 pamphlets on alcohol, tobacco and other drugs (ATOD) abuse prevention to residents was the least successful. It is difficult to measure the direct impact of this strategy.

5) *What significance does the attainment of this target have for the selection of your 2006 BIP objectives and strategies?*

Attainment of this target and the decrease in underage smoking will influence proposed targets for December 2006. New baseline data of 55.5 percent will be imposed for December 2003.

6) *What objectives will be carried over into the next BIP?*

At present, all objectives will be carried over into the next BIP.

7) *Which new objectives will be introduced in the BIP?*

At the present time, no new objectives will be introduced in the 2006 BIP.

Trend Data: Percent of youth who report having ever drunk alcohol according to the YRBS.

1999	2001	2003
66.5	58.9	66.1

2) **2010 Goal 20-2**: No more than 51 percent of youth report that they have ever drunk alcohol.

Objective 20-2: Reduce to 51 percent the proportion of youth who have ever drunk alcohol.

Baseline 20-2: Of District youth, 58.9 percent reported drinking alcohol, according to the 2001 District of Columbia YRBS.

December 2004 Target: As of December 2004, 56 percent of District youth will report having had one or more drinks during their lifetime (a decrease of 5 percent from 58.9 percent in 2001).

Status:

1) *Will the December 2004 target be attained?*

It is not likely that the December 2004 target will be attained as previously projected. According to data provided by the 2003 YRBS, the percentage of youth who have ever drunk alcohol has increased by 11 percent to a high rate of 66.1 percent. The District of Columbia has not seen this high rate of use since 1999 when the YRBS rate was reported at 66.5.

2) *If it will be attained, by what margin?*

At this time the projected December 2004 target will not be attained.

3) *Which strategies were the most successful in target attainment?*

The strategies imposed: 1) empower youth through education and knowledge to change their attitudes toward ATOD use; 2) enhance the adolescents' refusal skills for alcohol and other drugs, and 3) by 2010, reduce by 5 percent the proportion of young people who have used alcohol, marijuana and cocaine in the past month, were viable strategies which have been proven to reduce alcohol and other drug consumption by youth. However, an increase in youth daily stressors, juxtaposed with an increase in the risky behavior of binge drinking, have been cause for the high rate of increased overall alcohol consumption by youth.

4) *Which strategies were the least successful?*

Seemingly, as data suggest, the same strategies that were imposed, empowering youth through education and knowledge to change their attitudes toward ATOD use, and enhancing youth refusal skills for alcohol and other drugs, also proved to be the least successful.

While APRA will continue to empower youth through education and knowledge and will also continue enhancement of youth refusal skills, it is necessary that more stringent strategies be imposed to preserve the target attainment. APRA will introduce and/or implement the following strategies to enhance success in target attainment:

- Launch social marketing campaigns to address underage drinking and marijuana abuse;
- Increase classroom presentations;
- Provide cross agency and school personnel training;
- Increase marketing of youth treatment services; and

- Reorganize youth treatment with a Central Intake Division to provide better service for youth seeking help for substance abuse ailments.

5) *What significance does the attainment of this target have for the selection of your 2006 BIP objectives and strategies?*

Attainment of this target is significant in that strategies incurred are contributing to the overall reduction of the 2010 objective to reduce to no more than 51 percent the proportion of youth who have ever drunk alcohol. New baseline data of 66.1 percent will be imposed for the December 2006 BIP.

6) *What objectives will be carried over into the next BIP?*

All objectives will be carried over into the next BIP.

7) *Which new objectives will be introduced in the BIP?*

At the present time, no new objectives will be introduced in the 2006 BIP.

Trend Data: Percent of youth who have ever used marijuana, according to the YRBS

1999	2001	2003
45.1	36.5	41.7

3) **2010 Goal 20-3**: No more than 20 percent of youth report that they have ever used marijuana.

Objective 20-3: Reduce to 20 percent the proportion of youth who have ever used marijuana.

Baseline: Of District youth, 36.5 percent reported use of marijuana one or more times during their lifetime, according to the 2001 DC YRBS.

December 2004 Target: As of December 2004, 34.7 percent of District youth will report having used marijuana one or more times during their lifetime (a decrease of 5 percent from 36.5 percent in 2001).

Status:

1) *Will the December 2004 target be attained?*

It is not likely that the December 2004 target will be attained as previously

projected. According to data provided by the 2003 YRBS, the percentage of youth who have ever used marijuana has increased by 12.5 percent to a high rate of 41.7 percent. The reported rise in marijuana use by District youth rivals that of the 1999 YRBS rate of 45.1 percent.

2) *If it will be attained, by what margin?*

At this time the projected December 2004 target will not be attained.

3) *Which strategies were the most successful in target attainment?*

The strategies imposed: 1) provide educational materials to 100,000 District youth and adult residents on the harmful physical effects of marijuana use, and 2) conduct 24 workshops for children and youth participants in after-school programs were viable strategies which have been proven to reduce marijuana and other drug use among youth. However, an increase in youth daily stressors, the perpetual and mythical belief that marijuana is not harmful to your health, and the lack of, and /or not enough of adult reinforcement about the harmful usage of marijuana and other drugs, is cause for the high rate of increase in the overall reported use of marijuana by youth.

4) *Which strategies were the least successful?*

Ironically, the same strategies that were imposed – provide educational materials to 100,000 District youth and adult residents on the harmful effects of marijuana use, and conduct 24 workshops for youth participants in after-school programs – also proved to be the least successful.

While the provision of education materials to youth and adults on the harmful effects of marijuana use and the provision of workshop presentations for youth will continue, it is necessary to impose more stringent strategies, in order to preserve the target attainment. APRA will introduce and/or implement the following strategies to enhance success in target attainment:

- Launch social marketing campaigns to address underage drinking and marijuana abuse;
- Increase classroom presentations;
- Provide cross agency and school personnel training;
- Increase marketing of youth treatment services; and
- Reorganize youth treatment with a Central Intake Division to provide better service for youth seeking help for substance abuse ailments.

5) *What significance does the attainment of this target have for the selection of your 2006 BIP objectives and strategies?*

Attainment of this target is significant in that strategies incurred are contributing to the overall reduction expressed in the 2010 objective to reduce to no more 20 percent the proportion of youth who have ever reported use of marijuana. New baseline data of 41.7 percent will be imposed for the December 2006 target in the next BIP.

6) *What objectives will be carried over into the next BIP?*

All objectives will be carried over into the next BIP.

7) *Which new objectives will be introduced in the BIP?*

At the present time, no new objectives will be introduced in the 2006 BIP.

Focus Area - Tuberculosis

Trend Data: Incidence of Tuberculosis in the District of Columbia (per 100,000 population)

1997	1998	1999	2000	2001	2002	2003	2004
19.2	18.7	13.5	14.9	12.9	14.3	13.8	14.2

1) **2010 Goal 21-1**: The incidence of tuberculosis in the District of Columbia has been reduced to no more than 9.9 cases per 100,000 population.

Objective 21-1: Reduce the incidence of tuberculosis (TB) in the District of Columbia to no more than 9.9 cases per 100,000 population.

For Asian/Pacific Islanders, because the incidence of 0.18 cases per 100,000 population in 2002 is lower than the 2010 target (of 1.5 cases per 100,000), ensure that this incidence rate is maintained and not allowed to increase by 2010.

For African Americans, from 10.5 cases per 100,000 population in 2002 to 10 cases per 100,000 population in 2010.

For Hispanics, from 2.7 cases per 100,000 population in 2002 to 2.3 cases per 100,000 population in 2010.

For American Indians/Alaska Natives, because the incidence of 0.18 cases per 100,000 popoulation in 2002 is lower than the 2010 target (of 0.5 cases per 100,000), ensure that this incidence rate is maintained and not allowed to increase by 2010 .

Baseline 21-1: 13.7 cases of tuberculosis per 100,000 population in 1999.

December 2004 Target: As of December 2004, the incidence of tuberculosis in the District of Columbia will have been reduced from 13.7 cases per 100,000 population to 12.0 cases per 100,000 population.

Status:

1) *Will the December 2004 target be attained?* No

The case rate was 14.2 per 100,000.

2) *If it will be attained, by what margin?* N/A

It was not attained.

3) *Which strategies were the most successful in target attainment?* N/A

4) *Which strategies were the least successful?*

All strategies used resulted in varied levels of success.

5) *What significance does the attainment of this target have for the selection of your 2004 BIP objectives and strategies?*

The target was not attained, reflecting a need to increase activities associated with program/BIP objectives and strategies.

6) *What objectives will be carried over into the next BIP?*

All of the aforementioned objectives will be carried over.

7) *Which new objectives will be introduced in the BIP?*

None at this time

2) **2010 Goal 21-2:** 90 percent of close contacts of persons with active tuberculosis complete the recommended preventive therapy.

Objective 21-2: Increase to 90 percent the proportion of close contacts of persons with active tuberculosis who complete the recommended courses in preventive therapy.

Baseline: 21-2: Less than 10 percent of close contacts of persons with active tuberculosis completed preventive therapy in 1999.

December 2004 Target: As of December 2004, 50 percent of close contacts have completed recommended preventive therapy.

Status:

1) *Will the December 2004 target be attained?* No

The target was not attained.

2) *If it will be attained, by what margin?* N/A

3) *Which strategies were the most successful in target attainment?*

The target was not attained, however, the TB Program continues to monitor patient's adherence to this voluntary process.

4) *Which strategies were the least successful?*

All strategies used resulted in varied levels of success.

5) *What significance does the attainment of this target have for the selection of your 2004 BIP objectives and strategies?*

The target was not attained, reflecting a need to increase activities associated with program/BIP objectives and strategies.

6) *What objectives will be carried over into the next BIP?*

All of the aforementioned objectives will be carried over.

7) *Which new objectives will be introduced in the BIP?*

None at this time.

NOTES

For additional information, contact
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